

Original Research

Perceptions of Pregnant Women About the Application of Complementary Therapies to Overcome Emesis Gravidarum



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Article Info	Abstract
Article history: Received: 09 June 2022 Accepted: 17 July 2022	<p><i>Introduction:</i> One of the complaints that often arise in early pregnancy (generally in the first months of pregnancy until the end of the first trimester) is nausea and vomiting (emesis gravidarum). Some research results state that the use of aromatherapy can help to reduce complaints of nausea and vomiting during pregnancy. This study aims to determine the perception of pregnant women in applying complementary therapy to overcome emesis gravidarum in the first trimester of pregnancy.</p> <p><i>Methods:</i> The design used in this study was quantitative descriptive research design with cross sectional approach. This research was conducted in three private midwifery services in South Denpasar Distric. The sample in this study amounted to 100 respondents with purposive sampling technique. This research was conducted for one month, in June 2021. The instrument used is a questionnaire and data were analysed by descriptive analysis.</p> <p><i>Results:</i> Almost all pregnant women (90%) did not have access to the use of complementary therapies, most pregnant women (78%) did not have traditional and cultural beliefs to use complementary therapies, most pregnant women (58%) had lack of knowledge about complementary therapy, and almost all pregnant women (91%) had a negative perception about the use of complementary therapies to deal with complaints of nausea and vomiting during pregnancy.</p> <p><i>Conclusion:</i> The conclusion of this study is almost all pregnant women have a negative perception of the use of complementary therapies to treat emesis gravidarum. Expected that more health workers will provide education about complementary therapies to overcome emesis gravidarum.</p>
Keywords: perception, complementary therapies, emesis gravidarum	

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INTRODUCTION

Every pregnancy is a natural process, but if not monitored properly, it will give complications to the mother and fetus. In the philosophy of maternity care, it is believed that the changes that occur in women during pregnancy are physiological. Therefore, the care provided should have minimum intervention. A midwife must facilitate the natural process of pregnancy and avoid medical procedures that have no proven benefit. Pregnancy is a very meaningful experience for women and their families. The behavior of the mother during her pregnancy, will affect her pregnancy, and in seeking help will affect the health of the mother and the fetus. Midwives must maintain the health of the mother and fetus and prevent any complications [1].

One of the complaints that often arise in early pregnancy, generally in the first months of pregnancy until the end of the first trimester, is nausea and vomiting (emesis gravidarum). This is a result of excessive gastric acid production which is influenced by the hormones estrogen and progesterone in pregnant women. After conception takes place, the levels of the hormones estrogen and progesterone in the body will increase [2]. This excessive release of stomach acid will cause a reaction of nausea and vomiting that usually occurs in the morning, so it is often referred to as morning sickness. As a result, the mother feels unwell and often hates her pregnancy. In the first trimester, many pregnant women feel disappointment, rejection, anxiety, and sadness. To a certain extent, this complaint is still physiological, but

if vomiting is too frequent, it can cause health problems called hyperemesis gravidarum [1].

As many as 90% of pregnant women experience nausea and vomiting in the first trimester of pregnancy and 2% of them develop hyperemesis gravidarum. Of the 90% of pregnant women who experience nausea and vomiting, 10% of them receive therapy to overcome the nausea and vomiting. The American College of Obstetricians and Gynecologists (ACOG) recommends the first choice is vitamin B6, if symptoms do not reduce, it will be replaced with doxylamine as a second choice³. The severity of nausea and vomiting during pregnancy begins between 4-9 weeks of gestation and reaches its peak between 7-12 weeks of gestation. Symptoms of nausea and vomiting will decrease at 12-16 weeks of gestation and only 15% of women experience symptoms of nausea and vomiting more than 16 weeks of gestation [3].

The development of complementary therapies has recently been in the spotlight in various countries. Complementary or alternative medicine is an important part of health services. Complementary is the use of traditional therapy in modern medicine. The definition shows complementary therapy as the development of traditional therapies that are integrated with modern therapies that affect the harmony of individuals from biological, psychological and spiritual aspects. Clients have several reasons for using complementary therapies. One of the reasons is the presence of side effects from conventional treatment received by the client. In addition, there are also reasons for belief, finance, chemical drug reactions and the level of healing felt by the client. Treatment using

complementary therapies in addition to having the benefits of improving health, is also cheaper and affordable. Indonesian people's interest in complementary therapies is starting to increase. This can be seen from the many places of traditional therapy in various places. In addition, trainings on the application of complementary therapies related to midwifery services are increasingly being implemented. Types of complementary therapies include lifestyle (holistic medicine, nutrition); botanicals (homeopathy, herbs, aromatherapy); manipulatives (chiropractic, acupressure, acupuncture, reflexology, massage); mind-body (meditation, healing, hinotherapy). The provision of complementary therapies is strongly influenced by the indications needed by each client [4].

Some research results can help explain that the use of aromatherapy can help to reduce complaints of nausea and vomiting during pregnancy. There are various kinds of aromatherapy that can be used, namely peppermint, lemon, lavender, and ginger aromatherapy. Zakiyah in her research stated that giving ginger is effective in reducing emesis gravidarum in first trimester pregnant women because the aromatic volatile oil content has a direct effect on the gastrointestinal tract, while the antiemetic effect of ginger is also caused by anticholinergic and antihistamine action [5]. Pratiwi in her research stated that there was a significant reduction in nausea and vomiting in patients with hyperemesis gravidarum. The essential effect of lemon also provides effectiveness in overcoming nausea and vomiting in first trimester pregnant women.

Lemon essential oil is one of the most widely used in pregnancy and is considered a safe drug in pregnancy. According to research, 40% of pregnant women use the scent of lemon to relieve nausea and vomiting and 26.5% have reported several reports that the use of lemon aroma is an effective way to control symptoms of nausea and vomiting in pregnancy [6].

Due to the limitations of the effects provided by the use of this complementary therapy which cannot be directly felt by the client, while many studies say that complementary therapy has a significant effect on the symptoms of nausea and vomiting experienced by pregnant women, it is necessary to know how pregnant women perceive the application of complementary therapy to treat nausea and vomiting in the first trimester of pregnancy.

METHODS

The design used in this study was a quantitative descriptive research design, which is a research method that describes the object under study in accordance with what it is, with the aim of systematically describing the facts and characteristics under study. This research is a survey research with direct or face-to-face interviews and questions and answers [7]. The approach to this research object is a cross sectional approach [8].

This research was conducted at 3 (three) private midwifery services in South Denpasar District in June 2021. Sample used in this study were all pregnant women who had a pregnancy check-up (antenatal care) at PMB (Praktik Mandiri Bidan) in South Denpasar

District at the time this study conducted with a total of 100 respondents. The number of samples is calculated by Slovin formula with a total population of pregnant women in Denpasar City is 17.187 peoples. Exclusion criteria in this study were pregnant women living outside the study area and who do not want to be respondents. The type of data used is primary data which is the result of interviews and filling out questionnaires provided by researchers including data regarding the knowledge level, accessibility to complementary therapy, and perceptions of pregnant women about the use of complementary therapies in overcoming emesis gravidarum in the first trimester of pregnancy.

Ethical Considerations

The research permits was carried out through the Investment and Integrated Services Office

with letter number 070/3026/IZIN-C/DISPMPT, researchers have also obtained research permits from the National Unity and Political Agency of Denpasar City with letter number 070/881/BKBP. Research permits were given to three PMB (Praktik Mandiri Bidan) that were used in this research. In the process of collecting data from the respondents, the researcher also applies research ethics by giving informed consent to the respondents as a form of the respondent's willingness to fill out the research instrument.

RESULTS

This research was carried out in three PMB (Praktik Mandiri Bidan) located in Denpasar City. The number of respondents in this study were 100 pregnant women.

Table 1

Frequency Distribution of Respondents Based on Age, Parity Status, Education Level and Employment Status

Variabel	Frequency	Percentage (%)
Maternal Age		
<20 years	8	8
20-35 years	86	86
>35 years	6	6
Parity Status		
Primiparous	37	37
Multiparous	63	63
Education Level		
SD	1	1
SMP/SMA	81	81
Perguruan Tinggi	18	18
Employment Status		
Employed	57	57
Housewife	43	43
Total	100	100

Table 2

Frequency Distribution of Respondents Based on Knowledge Level, Accessibility, Belief and Perceptions About Complementary Therapies for Overcoming Emesis Gravidarum

Variable	Frequency	Percentage (%)
Knowlegde Level of Complementary Therapy		
Good	18	18
Sufficient	24	24
Less	58	58
Accessibility to Complementary Therapy		
Given access	10	10
Not given access	90	90
Perceptions on the Use of Complementary Therapies		
Positive	9	9
Negative	91	91
Belief in Complementary Therapy		
Have belief	22	22
Don't have belief	78	78
Perceptions About Susceptibility to a Emesis Gravidarum (Perceived Susceptibility)		
Positive	92	92
Negative	8	8
Perceptions About the Seriousness of a Emesis Gravidarum (Perceived Severity)		
Positive	70	70
Negative	30	30
Perceived Benefits		
Positive	4	4
Negative	96	96
Perceptions of the Barriers Experienced (Perceived Barriers)		
Positive	3	3
Negative	97	97
Total	100	100

DISCUSSION

Based on the results of this study, almost all respondents (90%) were not given information by health workers about accessibility of complementary therapies that could be used to treat emesis gravidarum complaints, and only a small proportion of respondents (10%) were given information

by health workers. It was also known that all midwives do not provide complementary therapy that can overcome the complaint of emesis gravidarum. Currently, only a few health workers receive training on complementary therapies that can be used by pregnant women. Health workers who provide information are dominated by health

workers who have higher education level.

Accessibility greatly affects the utilization of a health service. In a study conducted by Ulfa, it was stated that access to health services was an enabling factor for the utilization of health services [9]. This is also supported by research conducted by Mardiana, which states that there is a significant relationship between accessibility and utilization of health services [10]. Accessibility plays an important role in the utilization of a health service because it makes it easier for patients to take advantage of existing health services. If health workers, especially midwives, who provide antenatal care services to pregnant women, also provide information and examples of complementary therapy products that can be used by pregnant women to deal with complaints of emesis gravidarum, it is more likely for pregnant women to get advantage of these complementary therapies.

Another study conducted by Irawan, explains that in accordance with the theory of health service utility which explains that a person's desire to utilize health services is also determined by the supporting factor, namely the accessibility of health services [11]. Accessibility will tend to influence a person's decision to use or not to use health services. The facilities provided by health workers in health care facilities can increase patient motivation and confidence in the services provided. In this case, the behavior of health workers becomes a reinforcing factor for the use of complementary therapies by patients [12].

Based on the results of this study, it was 78% respondents did not have any beliefs in

the use of complementary therapies to reduce emesis gravidarum, and only a small portion (22%) had belief in the use of complementary therapies to reduce complaints of emesis gravidarum. This belief is passed down from generation to generation.

One of the factors that influence high public interest in using complementary therapies is support from family and hereditary beliefs passed down by the family are one of the reasons for patients to choose complementary therapy compared to medical therapy [13]. This is supported by the results of research conducted by Liana, which stated that respondents who have confidence in the use of traditional medicine have 34,2 times the opportunity to use traditional medicine as a form of self-medication carried out by the family [14]. This is also supported by the theory which states that belief is a cognitive component of socio-psychological factors, which are related to beliefs that something is right or wrong. This will increase the patient's belief that traditional medicine consumed is beneficial for improving his health and has ability to overcome the complaints he is experiencing.

Sembiring stated that the use of complementary therapies is closely related to public confidence in the benefits of the drugs consumed [15]. The existence of a tradition that is carried out repeatedly to overcome a health problem faced by the community, can be interpreted as an ancestral heritage. This can be used to treat oneself, treat family members, and can also be used as a source of additional economic income. In a study conducted by Ervina, it is stated that one's belief in traditional medicine has a significant

relationship with the use of traditional medicines in overcoming the health complaints they face [16].

Based on the results of this study, it was obtained that most respondents (58%) had less knowledge about the use of complementary therapies to overcome the complaints of emesis gravidarum felt by respondents, a small proportion of respondents had sufficient knowledge (24%) and 18% respondents had good knowledge.

From the research conducted by Liana, it was stated that knowledge affects people's behavior in using traditional medicine as a form of self-medication. Knowledge can be obtained by a person in several ways, through personal experience, formal, and informal education. Knowledge about traditional medicine to deal with health problems is basically inherited in the family. In this case, the family becomes the most important place in maintaining knowledge about traditional medicine that can be used to overcome disease. The experience of parents in using traditional medicine is the best form of knowledge accessibility [14].

The level of knowledge about traditional medicine will affect a person's attitude and behavior in using traditional medicine to overcome the health problems they experience. The higher a person's knowledge about traditional medicine, the higher the possibility of that person to take advantage of the traditional medicine. If the community has good knowledge, then the use of traditional medicine by the community will be appropriate. However, if people have inappropriate knowledge about the efficacy, dosage, and use of traditional medicine, this

can cause traditional medicine to heal and be harmful to their health [17]. This is also supported by the results of research conducted by Kusuma, which states that the level of knowledge about herbal medicine has a significant influence on herbal medicine consumption habits and has the opportunity to improve people's habits of consuming herbal medicine [18].

Based on the results of this study, information was obtained that almost all respondents (91%) had a negative perception of the use of complementary therapies to treat complaints of emesis gravidarum, and only a small proportion (9%) had a positive perception.

In a study conducted by Irawan, it shows that there is a relationship between perception and utilization of health services [11]. One's perception will encourage people to take advantage of existing health services. Poor public perception of the perceived benefits of using complementary therapies will affect people's behavior towards the use of complementary therapies in overcoming the health problems they experience [19]. A good public perception of something, such as susceptibility to a disease, the consequences that arise from the disease, the perceived benefits, and the obstacles that will be faced, will affect people's behavior towards the desire to use complementary therapies in order to overcome the moderate health complaints they are experiencing [14].

CONCLUSION

The research that has been carried out regarding pregnant women's perceptions

about the application of complementary therapies to overcome emesis gravidarum in the first trimester of pregnancy in South Denpasar District, it can be concluded as follows: Almost all pregnant women do not get access to information and treatment by utilizing complementary therapies; most pregnant women do not believe in complementary therapies to reduce complaints of emesis gravidarum; most pregnant women have less knowledge about complementary therapies that can be used to treat emesis gravidarum; almost all pregnant women have a negative perception of the use of complementary therapies to treat emesis gravidarum. Expected that more health workers will provide education about complementary therapies to overcome emesis gravidarum.

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